

Merchantville Zoning Permit Application Use Permit

DATE APPLICATION SUBMITTED:	
ZONING PERMIT FEE: Please take application to Finance O Use Permitted by Zoning Ordinance, Variance, or Characteristicate of Legal Non-Conforming Use (only within 1)	nge of Tenancy \$50
I. SITE INFORMATION Please refer to Zoning list on www.merchantvillenj.gov if you do not know this	ng Office webpage for the Tax map, Zoning map, parcel s information.
SITE ADDRESS TAX ASSESSOR'S BLOCK LOT(S) LOT SIZE	ZONING DISTRICT
II. APPLICANT INFORMATION SAME AS OWNER POTENTIAL PURCHASER POTE	ENTIAL TENANT
APPLICANT CONTACT NAME: BUSINESS NAME: ADDRESS: CITY, STATE, ZIP: EMAIL: PHONE: I have read this document in its entirety and consent to the making of this application: SIGNATURE: **BOTH SIGNATURES REQUIRED IF APPLICAN III. PROPERTY HISTORY A. OCCUPANCY. IS THE PROPERTY CURRENTLY OCCU	OWNER CONTACT NAME: BUSINESS NAME: ADDRESS: CITY, STATE, ZIP: EMAIL: PHONE: I have read this document in its entirety and consent to the making of this application: SIGNATURE: IT IS DIFFERENT THAN PROPERTY OWNER**
B. PROPERTY HISTORY . DESCRIBE IN DETAIL THE Nature of Use:	NATURE OF USES AND DATES. <u>Date of Commencement</u> :
C. PRIOR BOARD APPLICATIONS? HAS THE PRO APPROVAL? IF SO, PLEASE PROVIDE DETAILS (WHO	DPERTY RECEIVED PRIOR ZONING OR PLANNING BOARD, WHAT, WHEN). Attach copy of Board Resolution.

IV. PROPOSED USE

	el on site, (4) # of seats/tables, (5) will there be outdoor acon will trash be disposed, (8) any exterior changes. Attach		•
3. ADDITION	IAL DETAILS. PLEASE WRITE "N/A" IF NOT APPLICABLE.		
	· ·	EXISTING	PROPOSED
RESIDENTIAL:	HOW MANY DEPROOMS IN EACH DWELLING LINES		
	HOW MANY BEDROOMS IN EACH DWELLING UNIT? HOW MANY ON-SITE PARKING SPACES?		
	HOW MAINT ON-SITE PARKING SPACES:		
COMMERCIAL:	HOW MANY COMMERCIAL USES ON SITE?		
	HOW MANY ON-SITE PARKING SPACES?		
	E OTHER APPROVALS REQUIRED FOR PROPOSED US rtment, County Planning Board, NJDEP, etc.? Please descri	_	
County Health Depa	E OTHER APPROVALS REQUIRED FOR PROPOSED US	be type, and provid	•
County Health Depa	E OTHER APPROVALS REQUIRED FOR PROPOSED US rtment, County Planning Board, NJDEP, etc.? Please descri	be type, and provid	•
County Health Depa	rtment, County Planning Board, NJDEP, etc.? Please descri	BELOW)	
ZONING PROOF OF NO ZONING P	FOR PROPOSED US rement, County Planning Board, NJDEP, etc.? Please descriptions of the proposed US of the pr	BELOW)	e status.
ZONING PROOF OF YES NO ZONING P	G OFFICER USE ONLY (DO NOT WRITE I PAYMENT RECEIVED BY FINANCE OFFICE? AMOUNT PAID: DATE FEE PAID: ERMIT DISPOSITION: DENIED: IF APPROVED, ZONING PERMIT	BELOW)	e status.
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ZONING PROOF OF YES NO ZONING P APPROVED: Change of T Use Permitte	FOR PROPOSED US Trent, County Planning Board, NJDEP, etc.? Please descriptment, County Please descriptment,	BELOW) IT NO.: File	e status.
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ZONING PROOF OF YES NO S. ZONING PROPROVED: Change of TOUSE Permitted Valid noncolutioning Officer on the	FOR PROPOSED US To There approvals required for proposed us The state of the stat	BELOW) IT NO.: File d Use Board or () I rdinance change.	e status. e No by the undersigned
ZONING A. PROOF OF YES NO B. ZONING PAPPROVED: Change of TOUSE Permitted Valid noncolutioning Officer on the DATE: CONING OFFICER'S	FOTHER APPROVALS REQUIRED FOR PROPOSED US rtment, County Planning Board, NJDEP, etc.? Please descri G OFFICER USE ONLY (DO NOT WRITE I PAYMENT RECEIVED BY FINANCE OFFICE? AMOUNT PAID: DATE FEE PAID: ERMIT DISPOSITION: DENIED: IF APPROVED, ZONING PERMIT Tenancy Use Permitted by Ordinance ed by Variance, subject to any conditions attached thereto. Informing use as established by () finding of the Joint Lander basis of evidence supplied by applicant within 1 year of ordinance.	BELOW) IT NO.: File d Use Board or () I rdinance change.	e status. e No by the undersigned

BUSINESS ORGANIZATION OWNERSHIP DISCLOSURE STATEMENT

You must complete this form for <u>each</u> applicant and/or property owner that is not a sole proprietor.

NAME OF CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, LIMITED LIABILITY PARTERSHIP, OR S-CORPORATION: Listed below are the names and addresses of all owners of 10% or more of the interest/stock in the above referenced business organization:* NAME **ADDRESS** *If a corporation or a partnership owns 10% or more of the stock of a corporation, or 10% or greater interest in a partnership, that corporation or partnership shall list the names and addresses of its stockholders holding 10% or more of its stock or of 10% or greater interest in the partnership, and this requirement shall be followed until the names and addresses of the non-corporate stockholders and individual partners, exceeding the 10% ownership criterion established have been listed. SWORN & SUBSCRIBED to before me this **SIGNATURE** DATE Day of _____, 20____ (year)

(Notary)

TITLE

NAME OF AUTHORIZED OFFICIAL